does not suffice the patient should be put to bed under a nurse's charge and all friends and visitors excluded from the room. No food should be given by the mouth, but nutritive enemas and saline irrigations are to be substituted. Morphine hypodermically or the addition of opium to the enemas may be necessary. If no improvement is noted the patient should be threatened with removal to a hospital, and if necessary this should be followed out and a vigorous rest cure instituted. The modified rest cure, however, is usually all that is necessary and will be followed by cessation of the vomiting within a few days in most instances.—*Bulletin of the Johns Hopkins Hospital*, 1906, No. 180, p. 71.

The Influence of Antitoxic Serum upon the Tuberculo-opsonic Index.—DR. T. R. BRADSHAW, by a series of experiments carried out upon nine patients, has shown that it is probable that subsequent to inoculation with antidiphtheritic serum there is a fall in the tuberculo-opsonic index. The depression seems to increase for some time and in one instance it persisted for months. The immediate effect in two instances was an elevation of the index. The results of this experimentation are important, for before giving an opinion upon a low opsonic index we should exclude all such influences as previous serum injections. The reason for the depression of the index can hardly be stated at present, but it is not unreasonable to assume that it is due to some property in the blood of the horse and has nothing to do with the specific antitoxins.—*The Lancet*, 1906, No. 4316, p. 1387.

Saline Injections in Cholera.—MR. F. C. MCCOMBIE has employed the following treatment in one hundred and five patients suffering from Asiatic cholera, with twenty-five deaths: Upon admission the patient receives a hypodermic injection of $\frac{1}{8}$ to $\frac{1}{4}$ of a grain of morphine, followed by 20 minims of spirit of ether (B. P.) every four hours, and by digitalin if there is sufficient heart weakness. By mouth, 10 grains each of calomel and sodium bicarbonate are given and the following mixture is administered every three hours: carbolic acid, 2 minims; sodium bicarbonate, 10 grains; bismuth carbonate, 10 grains; aromatic spirit of ammonia, 15 minims; spirit of chloroform, 10 minims; and peppermint water to one ounce. Hot-water bottles and friction are applied to the extremities and the patient is allowed to drink freely of water containing 20 minims of sulphuric acid to the pint. If signs of reaction do not appear salt solution (60 grains to 1 pint of boiled water) at a temperature of 105° to 110° F. is injected into the subcutaneous tissue of the breasts, axillas and epigastrium. There is no difficulty in the absorption of even as large a quantity as 9 pints. The injection is continued until the pulse shows improvement, and at any sign of failure it is recommenced. The author considers that the treatment is more effectual if 10 minims of a 1 to 1000 adrenalin solution per pint are added to the saline solution.—*The Lancet*, 1906, No. 4317, p. 1468.

Coagulated Milk in Gastric and Pancreatic New-growths.—DR. A. MARTINET has found that coagulated milk was most excellently borne by a patient suffering from a new-growth involving the stomach and pancreas. A diet consisting of milk and starches caused marked pain

and emesis, which ceased at once upon changing the regimen to one comprised principally of two quarts of coagulated milk per day. Milk in this form caused no fermentation in the digestive tract and no pain followed its ingestion; the patient became so much improved that an exploratory operation was undertaken, with the result of confirming the diagnosis.—*La Presse médicale*, 1906, No. 18, p. 140.

Camphorated Phenol in Acute Suppuration.—DR. C. EHRLICH employs the formula suggested by Chlimsky, which consists of phenol 30 parts, camphor 60 parts, alcohol 10 parts. This mixture is used as a wet dressing and abscesses are packed with gauze impregnated with it. In acute inflammation the symptoms are relieved in a few hours by this treatment and if suppuration has taken place it remains localized at its original focus, consequently small incisions suffice when drainage becomes necessary. The technique of treatment consists in enveloping the affected area in gauze moistened in the solution, covering this with sterile cotton, and applying a bandage. Often one such dressing will cause a disappearance of the inflammatory redness and swelling; incision is not necessary unless the presence of pus, as indicated by fluctuation, is evident; long incisions into the tendon sheaths are not essential in phlegmonous infections of these structures, and all infected wounds respond rapidly to this form of treatment. The pain is quickly relieved and there are no untoward effects whatever. Ehrlich has employed the camphorated phenol in panaris, phlegmonous conditions, leg ulcers, fissure ani, tuberculous fistulas, furuncles, erysipelas, and all kinds of infected wounds.—*Münchener medizinische Wochenschrift*, 1906, No. 11, p. 491.

OBSTETRICS.

UNDER THE CHARGE OF

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Ectopic Gestation.—The June number of the *Journal of Obstetrics of the British Empire*, 1906, is entirely devoted to ectopic gestation. In addition to the original papers and abstracts, MILLIGAN contributes a very good review of the symptoms and diagnostic points in this condition. MacLean reports an abdominal pregnancy in which a fœtus was removed six months after spurious labor at term. Marsh reports from an Indian hospital a case of abdominal pregnancy continuing to term, in which the fœtus died; swelling of the abdomen disappeared and menstruation returned. She finally developed foul-smelling discharge from the rectum and a native midwife pulled out from the bowel the greater portion of the fœtus. A portion of the fœtal skull was delivered from the rectum after her admission to the hospital. On examination this was found to be the occipital and the two parietal bones. This occurred twenty-seven months after pregnancy began. The patient made a tedious recovery.